

Borck (Ed.)

WITH THE COMPLIMENTS OF THE AUTHOR.

A CASE OF

COMPOUND
DISLOCATION OF THE WRIST.

Reported to the St. Louis Medical Society,

BY

EDWARD BORCK, M. D.,

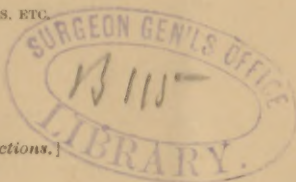
MEMBER OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND AND BALTIMORE
MEDICAL ASSOCIATION; ST. LOUIS MEDICAL SOCIETY; MISSOURI STATE MED.

ASS.; TRI-STATE MED. SOCIETY; FORMERLY ASST. SURGEON

TO WEST BUILDING HOSPITAL, BALTIMORE, MD.,

AND LATE SURG. U. S. VOLS. ETC.

[Reprint from the transactions.]



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COMPOUND DISLOCATION OF THE WRIST.

ST. LOUIS MEDICAL SOCIETY, }
POLYTECHNIC HALL, }
St. Louis, Saturday, February 28th, 1880. }

DR. EDW. BORCK:

MR. PRESIDENT:—I will introduce to you to-night a very interesting and rare case, which will demonstrate what conservative surgery may accomplish with the assistance of the beautiful workings of nature.

This boy, now present, is Fred. Linsin, aged 13 years. On the 11th day of October last, he went about two miles out of town to hunt and pick up persimmons. He was so unfortunate as to fall from a tree, injuring his left wrist joint badly. When I saw him I found a complicated dislocation of the carpal bones, scaphoid and semilunar, upon the posterior side of the radius. The head of the bone was subcutaneous anteriorly, the ulna protruding through the skin also anteriorly, and exposed about two inches in front of the carpal bones and skin, cleanly stripped of all its attachments, but there was no fracture. We must remember that this part of the ulna is very subcutaneous and that it does not enter into the articulation of the wrist-joint proper; that it is separated by the triangular fibro-cartilage.

The lower epiphysis of the ulna, as well as of the radius, does not become joined until about the twentieth year; here, however, the bones seem to be well and prematurely developed. There was some hemorrhage. In this condition the lad walked all the way home. Chloroform being then administered by my assistant, Dr. Charles H. Foster, I kept the arm flexed at right angle, grasping the hand with my right hand, and making extension, pushing back, or rather keeping in their places the long bones with my left hand.

It was not very easy to accomplish the reduction. However, by introducing a strong dull probe, I succeeded in pushing back the

skin over the protruding part of the ulna. Then bending the probe, I felt for the supinator longus, which is attached to the styloid process of the radius. It was separated from it. The head of that bone protruded between its tendon and the tendon of the flexor carpi radialis, and the flexors below.

I continued my extension, and by a little manipulation, pushing the tendons one side with the probe, I accomplished the reduction. The boy had no feeling in the thumb, index and middle fingers. They were cold and he could not move them, an evidence that the median nerve was injured. He suffered but little pain. The wound was washed and dressed with carbolized water, a compress and bandage applied and the arm put upon a straight splint. Everything went well for the first three or four days.

Here I may remark that during the whole treatment the boy suffered but little pain, and this is a point worth noticing, one which I have observed in many cases, that whenever there is but little or no pain after a severe injury like a compound comminuted fracture or dislocation, there is generally trouble ahead. So in this case. The boy, being of a puny constitution, never was a hearty eater, but of a tranquil disposition. He became feverish, the wound assumed an ugly type, and an attack of erysipelas set in. Some tendons sloughed, and after the erysipelas had disappeared, the head of the radius became necrosed. You can always tell necrosed bone by its peculiar smell.

For sometime the arm did not make any progress either way. Nature gradually pushed the bone through the wound, and now the question arose, what to do, resect, or to leave nature to have its own way. The latter was adopted—to wait till the bone was ready to come out, and then we would remove it.

About the sixth week after the injury, I removed the head of the radius with a pair of strong forceps. This was comparatively easy under chloroform. The arm was then placed in a pasteboard splint, with a fenestra cut for the wound, and kept at perfect rest. The wound healed rapidly.

Another attack of erysipelas set in, abscess formed near the elbow, and it was opened in due time. Then a wound on the ulnar side appeared, and again the smell of the necrosed bone was perceived. While nature's repairing process continued on the radial side, nicely filling up the vacant space made, destruction then proceeded on the ulnar side. About twelve weeks after the injury, I removed about an inch of the ulna. Nature had forced it out, and while so doing had repaired the injury, having united the bone completely, resulting in a perfectly solid bone. I here show to you the specimen. The treatment was a liberal diet, milk, eggs, soup, etc.; quinine to control the fever and as a tonic, iodide potassium, 25 centigram doses every three hours during the attack of

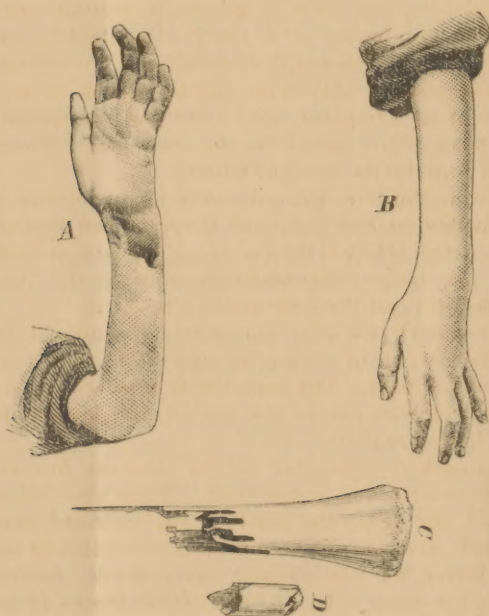
erysipelas. I consider the iodide potassium a most valuable remedy to control traumatic erysipelas; externally warm water dressing.

I do not need to speak of the process of repair. You all understand how nature accomplishes that. It is now four months, the wounds are healed, the boy looks better than ever he did; he has gained flesh, and will have a good and useful arm. You observe he can move his wrist; extension and flexion is almost perfect; supination and pronation to some extent.

[The Doctor then undressed the arm for the inspection of members, and a recess was taken. He expressed a hope that he might present the youth to the society one year hence, so that further improvement might be noted.]

EDW. BORCK, M. D.,
702 Olive Street.

PLATES SHOWING THE RESULT.



A, Anterior View (showing cicatrices of wounds).

B, Posterior View.

C, Head of Radius (half size).

D, Piece of Ulna (half size).

[Engraving by W. Mackwitz, after photograph by B. F. Reynolds.]

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